

Application for Licensure to  
Operate a Home Health Agency

FOR ADMINISTRATIVE USE ONLY:

Date received: \_\_\_\_\_

Amount received: \_\_\_\_\_

**I. IDENTIFICATION**

Name of Agency \_\_\_\_\_

Address of Agency \_\_\_\_\_

City/State/Zip/County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Administrator \_\_\_\_\_

Date agency began operation at current address \_\_\_\_\_

Date agency began operation under current owner \_\_\_\_\_

**II. CONTROL/OWNERSHIP** (Check as appropriate)

Controlled by: State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ Private \_\_\_\_\_

Agency is: Profit \_\_\_\_\_ Nonprofit \_\_\_\_\_

Agency is: Hospital-based \_\_\_\_\_ Free-standing \_\_\_\_\_

Owner is: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name and address of individual owner, partners or corporation

\_\_\_\_\_  
\_\_\_\_\_

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

(Over)

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

**III. Area Served**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at the time.

I agree that this service and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel.

I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

_____	_____	_____
Signature of Authorized Representative	Title	Date

Return application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621